Page 1

<010>	Study Area Code	269019			
2000	Study Area Name	PhoneAid Commun	nications Corp		Possibility is a
:020>	Program Year	2015			Received & Inspect
030>	Contact Name: Person USAC should contact with questions about this data	Angela Lemke			JUL 1 1 2014
035>	Contact Telephone Number: Number of the person identified in data line <030>	8506029494 ext.	.8020	×	75.70
:039>	Contact Email Address: Email of the person identified in data line <030>	Angela@freephon	neaid.com		FCC Mail Room
	Last compact for Aux compact				
a handa addinay	Service Quality Improvement Reporting	DW/10/00/00/00/00/00/00/00/00/00/00/00/00/	formulate attached	netrangle second resou	(check bax when complete)
	Outage Reporting (voice)		(complete attached a		
210>		o outages to report	(complete bitteened i	ronsiery	annin.
<300>	Unfulfilled Service Requests (voice)	0		_	1/1/1/1/
310>	Detail on Attempts (voice)			Į.	HILL
				(attach descriptiv	re document)
320>	Unfulfilled Service Requests (broadband)				THE STATE OF THE S
<330>	Detail on Attempts (broadband)				
				(attach descript	ive document)
<400>	Number of Complaints per 1,000 customers (voice		W. 11 11 11 11 11 11 11 11 11 11 11 11 11		
<410> <420>	Fixed 0.0 Mobile				/
<430>	Number of Complaints per 1,000 customers (broad	iband)			- Banana
<440>	Fixed				11111
<450> <500>	Mobile Service Quality Standards & Consumer Protection	Rules Compliance	(check to indicate o	ertification)	/
	CERTIFICATE OF COMPLIANCE WITH PROTECTION OF PROPRIETARY NETWORK IMPORMATION RULES 2014		\neg		
<510>			(attached descrip	tive document)	
					3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
<600>	Functionality in Emergency Situations		(check to indicate of	ertification)	
			(attached descriptive	document)	
<610>					
<700>	Company Price Offerings (voice)		(complete attached	warksheet)	
<710>	Company Price Offerings (broadband)		(complete attached	worksheet)	
	Operating Companies and Affiliates		(complete attached		THE PARTY OF THE P
	Tribal Land Offerings (Y/N)? Voice Services Rate Comparability		(if yes, complete attached (check to indicate o		
<1010>			(attach descriptive	document)	
	L				
<1100>	Terrestrial Backhaul (Y/N)?		(if not, check to indicate o	vertification)	
<1110>			(complete attached	worksheet)	Willis.
<1200>	Terms and Condition for Lifeline Customers	Documentation 1	(complete attached	worksheet)	
	Price Cap Carriers, Proceed to Price Cap Additional Including Rate-of-Return Carriers affiliated with P				
2000>			(check to indicate or		dilli.
2005>	Date of Dahum Carrier Days of the Don Advers	Danier	(complete attached	worksheet)	111111
3000>	No. of Copies rec'd	Documentation V	Vorksheet (check to indicate co	rtification)	177763
3005>	No. of Copies 100 a_1		(complete attached		11111

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	rvice Quality Improvement Reporting llection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 306 July 2013	50-0819)
<010>	Study Area Code	269019			
<015>	Study Area Name	PhoneAid Communications Corp			
<020>	Program Year	2015			
<030>	Contact Name - Person USAC should contact regarding this data	Angela Lemke			
:035>	Contact Telephone Number - Number of person identified in data line <030>	8506029494 ext.8020			
<039>	Contact Email Address - Email Address of person identified in data line <030>	Angelasfreephoneaid.com			
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) O O			
:112>	report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your c CETC which only receives frozen support, your progress report is only required to address voice telephony service.	ompany is a			
	Please check these boxes below to confirm that the attached documents(s), on lir 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	ne	Name of Attached Document		
113>	Maps detailing progress towards meeting plan targets				
114>	Report how much universal service (USF) support was received				
115>	How (USF) was used to improve service quality				
116>	How (USF)was used to improve service coverage			T	
117>	How (USF) was used to improve service capacity			8	3
118>	Provide an explanation of network improvement targets not met in the prior calendar year.			FCC Mail Ro	3
-				S S	

(200) Service Outage Reporting (Voice)
Data Collection Form

<220>

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	269019
<015>	Study Area Name	PhoneAid Communications Corp
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Angela Lemke
<035>	Contact Telephone Number - Number of person identified in data line <030>	8506029494 ext.8020
<039>	Contact Email Address - Email Address of person identified in data line <030>	Angela@freephoneaid.com

<a>>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
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\$500000 SERVICE TO	ca Offerings Including Voice Rate Date Jection Form	FCC Form 481 GMB Control No. 3060-0986/GMB Control No. 3060-0819 July 2013
<010>	Study Area Code	269019
<015>	Study Area Name	PhoneAid Communications Corp
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Angela Lemke
<035>	Contact Telephone Number - Number of person identified in data line <030>	8506029494 ext.8020
<039>	Contact Email Address - Email Address of person identified in data line <030>	Angela@freephoneaid.com
<701>	Residential Local Service Charge Effective Date 1/1/2014	7

<702> Single State-wide Residential Local Service Charge

State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe

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(710) Broadband Price Offerings Date Collection Form		FCC Form 481 OMB Control No. 3060-0986/GMB Control No. 3060-0819
A Committee of the Comm		Ady 2013

<010>	Study Area Code	269019
<015>	Study Area Name	PhoneAid Communications Corp
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Angela Lemke
<035>	Contact Telephone Number - Number of person identified in data line <030>	8506029494 ext.8020
<039>	Contact Email Address - Email Address of person identified in data line <030>	Angela@freephoneaid.com

State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
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	erating Companies action Form		FCC Ferm 481 OMB Control No. 3060-0985/OMB Control No. 3060-0819 July 2013				
<010>	Study Area Code		269019				
<015>	Study Area Name		PhoneAid Communications Corp				
<020>	Program Year		2015				
<030>	Contact Name - Person	USAC should contact regarding this data	Angela Lemke				
<035>	Contact Telephone Nun	nber - Number of person identified in data line <030>	8506029494 ext.8020				
<039>	Contact Email Address -	Email Address of person identified in data line <030>	Angela@freephoneaid.com				
<810>	Reporting Carrier	PhoneAid Communications corp					
<811>	Holding Company	NA					
<812>	Operating Company	PhoneAid Communications Corp					

***************************************	4925	طه
Affiliates	SAC	Doing Business As Company or Brand Designation
None		
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The state of the s		The second secon
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The state of the s		NUMBER OF STREET
the second secon		- water and the same of the sa

	onl Lands Reporting action Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> <015> <020> <030> <035> <039> <039>	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line < Contact Email Address - Email Address of person identified in data line < Tribal Land(s) on which ETC Serves	030>	269019 PhoneAid Communications Corp 2015 Angela Lemke 8506029494 ext.8020 Angela@freephoneaid.com	
<920>	Tribal Government Engagement Obligation		Name of Attach	ed Document
to confin	ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, trates coordination with the Tribal government pursuant to 8(a)(9) includes:	Selec (Yes,N NA)	lo,	
<921> <922> <923> <924> <925> <926> <927> <928> <927> <928>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules Compliance with Environmental Review processes Compliance with Cultural Preservation review processes Compliance with Tribal Business and Licensing requirements.			

	Terrestrial Backhaul Reporting ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	269019	
<015>	Study Area Name	PhoneAid Communications Corp	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Angela Lemke	
<035>	Contact Telephone Number - Number of person identified in data line <030>	8506029494 ext.8020	
<039>	Contact Email Address - Email Address of person identified in data line <030>	Angela@freephoneaid.com	
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)		
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)	- An	

Lifeline	rms and Condition for Lifeline Customers ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	269019
<015>	Study Area Name	PhoneAid Communications Corp
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Angela Lemke
<035>	Contact Telephone Number - Number of person identified in data line <030	> 8506029494 ext.8020
<039>	Contact Email Address - Email Address of person identified in data line <030	> Angela@freephoneaid.com
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	PHONEAID TERMS_AND_CONDITIONS_SERVICEpdf
		Name of Attached Document
<1220>	Link to Public Website HTTP	
or the we	neck these boxes below to confirm that the attached document(s), on line 1210, boxed listed, on line 1220, contains the required information pursuant to a)(2) annual reporting for ETCs receiving low-income support, carriers must eport:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	
<1223>	Additional charges for toll calls, and rates for each such plan.	

Data Coli	tee Cap Carrier Additional Documentation lection Form Rate-of-Return Carriers offiliated with Price Cap Local Exchange Carriers		FCC Form 481 OMB Control No. 3060-098 July 2013	16/OMB Control No. 3080-0819
<010>	Study Area Code	269019		
<015>	Study Area Name	PhoneAid Communications Corp		
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Angela Lemke		
<035>	Contact Telephone Number - Number of person identified in data line <030>	8506029494 ext.8020		
<039>	Contact Email Address - Email Address of person identified in data line <030>	Angela@freephoneaid.com	<u>`</u>	
CHECK ti	ne boxes below to note compliance as a recipient of incremental Connect Ameri support as set forth in 47 CFR § 54.313(b),(c),(d),(e)	마음이 나는 사람이 이번 경에 취득하게 하시네요. 그렇게 하는 것이 하면 하게 되었다면 했다.	**************************************	onnect America Phase II
	Incremental Connect America Phase I reporting			
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))			
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}			
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))			
<2012>	2013 Frozen Support Certification			
<2013>	2014 Frozen Support Certification			
<2014>	2015 Frozen Support Certification			
<2015>	2016 and future Frozen Support Certification			
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))			
<2016>	Certification Support Used to Build Broadband			
	Connect America Dhase II Deporting (47 CCD & 64 313/e))			
<2017>	Connect America Phase II Reporting (47 CFR § 54.313(e)) 3rd year Broadband Service Certification			
<2018>	5th year Broadband Service Certification			
<2019>	Interim Progress Certification			
<2020>	Please check the box to confirm that the attached document(s), on I pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providing preceding calendar year.	line 2021, contains the required information shall provide the number, names, and ng access to broadband service in the		
<2021>	Interim Progress Community Anchor Institutions	Name of 6	tached Document Listing Required Information	

Study Area Code 263019 Phonpalid Communications Corp Annela Leake Anne
Diss Study Area Name PhoneAid Communications COFD Program Year 2013 Contact Name - Penon USAC should contact regarding this data Area La Lemke \$506/29454 ext. 8020 About Challeshore Number - Number of person identified in data line <030> Area La Lemke \$506/29454 ext. 8020 About Challeshore Number - Number of person identified in data line <030> Area La Lemke \$506/29454 ext. 8020 About Challeshore Number - Number of person identified in data line <030> Area La Lemke \$506/29454 ext. 8020 About Challeshore Number - Number of person identified in data line <030> Area La Lemke \$506/29454 ext. 8020 About Challeshore Number - Number of Person identified in data line <030> Area La Lemke \$506/29454 ext. 8020 About Challeshore Number - Number of Attached Document In the documents attached below is securate. [1010] Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(f)) Name of Attached Document Listing Required information Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to \$6.43.313 (f)(1)(f), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calender year. [1012] Community Anchor Institutions (47 CFR § 54.313(f)(1)(f)) Name of Attached Document Listing Required Information pursuant to § 54.313(f)(2) compliance requires: [1013] Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) [1014] If yes, does your company file the RUS annual report for Telecommunications Borrowers) [1015] Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) [1016] Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows [1017] If the response is yes on line 3014, attach your company's RUS annual report and all required documentation
2015 Program Year 3020 Contact Telephone Number - Number of person identified in data line 4010 Aprel la Jemike 3035 Contact Telephone Number - Number of person identified in data line 4010 Aprel la Jemike 3036 Contact Telephone Number - Number of person identified in data line 4010 Aprel la Jemike 3036 Contact Telephone Number - Number of Person identified in data line 4010 Aprel la Jemike 3036 Contact Telephone Number - Number of Person identified in data line 4010 Aprel la Jemike 3036 Contact Telephone Number - Number of Person identified in data line 4010 Aprel la Jemike 4037 Contact Email Address - Email Address of person identified in data line 4010 Aprel la Jemike 4037 Contact Email Address - Email Address of person identified in data line 4010 Aprel la Jemike 4037 Contact Email Address - Email
Ontact Name - Person USAC should contact regarding this data Society 14 and 15
Contact Telephone Number - Number of person identified in data line <0300- Contact Email Address - Email Address of person identified in data line <0300- Contact Email Address - Email Address of person identified in data line <0300- Contact Email Address - Email Address of person identified in data line <0300- Contact Email Address - Email Address of person identified in data line <0300- Contact Email Address - Email Address of person identified in data line <0300- Contact Email Address - Email Address - Email Address of person identified in data line <0300- Contact Email Address -
AngelasExceptioneaid.com AngelasExceptioneaid.com AngelasExceptioneaid.com AngelasExceptioneaid.com AngelasExceptioneaid.com AngelasExceptioneaid.com AngelasExceptioneaid.com AngelasExceptioneaid.com CFR § 54.313(f)[2]. I further certify that the Information reported on this form and in the documents attached below is accurate. Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(f)) Name of Attached Document Listing Required information Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to \$ 54.313 (f)(1)(f)(f)), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calender year. Name of Attached Document Listing Required Information (Yex/No) (Yex/N
HECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.32(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forting that the information reported on this form and in the documents attached below is accurate. 1010 Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(b) Name of Attached Document Listing Required information 1011 \$54.313 (f)(1)(b); the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. 1012 Community Anchor Institutions (47 CFR § 54.313(f)(1)(b) Name of Attached Document Listing Required Information (Yes/No)
Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to \$5.4.313(f)(1)(f)) Name of Attached Document Listing Required Information Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to \$5.4.313 (f)(1)(fi), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. 1012 Community Anchor Institutions (47 CFR § 54.313(f)(1)(fi)) 1013 Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) 1014 If yes, does your company file the RUS annual report 1015 Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) 1016 Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows 1017 If the response is yes on line 3014, attach your company's RUS annual report and all required documentstion 1018 Name of Attached Document Listing Required Information 1019 Name of Attached Documen
Milestone Certification [47 CFR § 54.313(f)(1)(f)) Name of Attached Document Listing Required Information Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(f)), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. 1012 Community Anchor Institutions (47 CFR § 54.313(f)(1)(f))
Milestone Certification [47 CFR § 54.313(f)(1)(f)) Name of Attached Document Listing Required Information Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(f)), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. 1012 Community Anchor Institutions (47 CFR § 54.313(f)(1)(f))
Milestone Certification [47 CFR § 54.313(f)(1)(f)) Name of Attached Document Listing Required Information Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(f)), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. 1012 Community Anchor Institutions (47 CFR § 54.313(f)(1)(f))
Name of Attached Document Listing Required Information Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to \$5.4.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calender year. 1012 Community Anchor Institutions (47 CFR § 5.4.313(f)(1)(ii))
Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to \$54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. 1012 Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) Name of Attached Document Listing Required Information (Yes/No) (Yes/No
Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to \$54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. 1012 Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) Name of Attached Document Listing Required Information (Yes/No) (Yes/No
\$ 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. 1012 Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) Name of Attached Document Listing Required Information (Yes/No) (Yes/N
Name of Attached Document Listing Required Information (Yes/No) (Y
Name of Attached Document Listing Required Information (Yes/No) (Y
Name of Attached Document Listing Required Information (Yes/No) (Y
Name of Attached Document Listing Required Information (Yes/No) (Y
Solid Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report (Yes/No) Solid (Yes/No)
If yes, does your company file the RUS annual report
If yes, does your company file the RUS annual report
lease check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows If the response is yes on line 3014, attach your company's RUS annual report and all required documentation Name of Attached Document Listing Required Information
Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows If the response is yes on line 3014, attach your company's RUS annual report and all required documentation Name of Attached Document Listing Required Information
Telecommunications Borrowers) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows If the response is yes on line 3014, attach your company's RUS annual report and all required documentation Name of Attached Document Listing Required Information
Telecommunications Borrowers) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows If the response is yes on line 3014, attach your company's RUS annual report and all required documentation Name of Attached Document Listing Required Information
1017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation Name of Attached Document Listing Required Information
1017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation Name of Attached Document Listing Required Information
report and all required documentation Name of Attached Document Listing Required Information
report and all required documentation Name of Attached Document Listing Required Information
Name of Attached Document Listing Required Information
1018) if the response is no on line 3014, is your company audited? (Yes/No)
If the response is yes on line 3018, please check the boxes below to
confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains
1019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications
The state of the s
(1020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows
1021) Management letter issued by the independent certified public accountant, that performed the company's financial audit.
If the response is no on line 3018, please check the boxes below
to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),
contains:
1022) Copy of their financial statement which has been subject to review by an
independent certified public accountant; or 2) a financial report in a
format comparable to RUS Operating Report for Telecommunications
Borrowers,
1023) Underlying information subjected to a review by an independent certified
public accountant
1024) Underlying information subjected to an officer certification.
1025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows
l l
1026) Attach the worksheet listing required information
i I
Name of Attached Document Listing Required Information

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4		And the second s
<010>	Study Area Code	269019
<015>	Study Area Name	PhoneAid Communications Corp
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Angela Lemke
<035>	Contact Telephone Number - Number of person identified in data line <030>	8506029494 ext.8020
<039>	Contact Email Address - Email Address of person identified in data line <030>	Angela@freephoneaid.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsible reciplents; and, to the best of my knowledge, the information rep	olitites include ensuring the accuracy of the annual reporting requirements for universal service support ported on this form and in any attachments is accurate.
Name of Reporting Carrier: PhoneAid Communications Corr	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/23/2014
Printed name of Authorized Officer: Angela Lemke	
Title or position of Authorized Officer: CEO President	
Telephone number of Authorized Officer: 8506029494 ext.802	20
Study Area Code of Reporting Carrier: 269019	Filing Due Date for this form: 07/01/2014

<010>	Study Area Code	269019
<015>	Study Area Name	PhoneAid Communications Corp
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Angela Lemke
<035>	Contact Telephone Number - Number of person identified in data line <030>	8506029494 ext.8020
<039>	Contact Email Address - Email Address of person identified in data line <030>	Angela@freephoneaid.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carrier.
also certify that I am an officer of the reporting carrier; my resp agent; and, to the best of my knowledge, the reports and data p	onsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	thorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier
	ted to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided orting carrier; and, to the best of my knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Ag	:
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

Attachments

CERTIFICATE OF COMPLIANCE WITH PROTECTION OF CUSTOMER PROPRIETARY NETWORK INFORMATION RULES

Including:

Statement Explaining How Operating Procedures Ensure Regulatory Compliance

Summary of all Customer Complaints Received

Received & Inspected

Angela Lemke signs this Certificate of Compliance in accordance with § 222 of the Telecommunications Act of 1996, as amended, 47 USC 222, and 47 CFR 64.2009, on behalf of PhoneAid Communications Corp., (Company), related to the previous calendar year.

JUL 11 2014

FCC Mail Room

This Certificate of Compliance addresses the requirement of 47 CFR 64.2009 that the Company provide:

- A "statement accompanying the certificate" to explain how its operating procedures ensure compliance with 47 CFR, Part 64, Subpart U.
- · An explanation of any actions taken against data brokers.
- A summary of all customer complaints received in the past year concerning the unauthorized release of customer proprietary network information (CPNI).

On Behalf Of The Company, I Certify As Follows:

- I am the President / CEO of the Company, and therefore an officer of the Company. My business address is 3200 Gulf Breeze Pkwy., Gulf Breeze, FL 32563.
- 2. I have personal knowledge of the facts stated in this Certificate of Compliance. I am responsible for overseeing compliance with the Federal Communications Commission's (FCC) rules relating to CPNI.

Statement Explaining How Operating Procedures Ensure Regulatory Compliance

- 3. I have personal knowledge that the Company has established operating procedures that are adequate to ensure compliance with the FCC's regulations governing CPNI, including those adopted on March 13, 2007 in CC Docket No. 96-115.
- 4. The Company ensures that it is in compliance with the FCC's CPNI regulations. The Company trains its personnel how to safeguard CPNI. The Company maintains an Employee Handbook in its offices citing CPNI Docket No. 06-36. Employee Handbook is updated to account for changes in law, including the FCC's most recent changes to its regulations governing CPNI, adopted on March 13, 2007 in CC Docket No. 96-115.

- 5. All PhoneAid employees are required to sign a company non-disclosure agreement which safeguards employees from sharing, disclosing or using for personal gain customer related information.
- 6. Company personnel make no decisions regarding CPNI without first consulting with management.
- The Company has an express disciplinary process in place for personnel who make unauthorized use of CPNI.
- 8. The Company's policy is to maintain records of its own sales and marketing campaigns that use CPNI. The Company handles all marketing and sales campaigns using CPNI in-house, never releasing CPNI information to any third-party. The Company maintains these records in its offices for a minimum of one year.
- 9. In deciding whether the contemplated use of the CPNI is proper, management consults one or more of the following: the applicable FCC regulations, and, if necessary, legal counsel. The Company's sales personnel must obtain supervisory approval regarding any proposed use of CPNI.
- 10. The Company complies with all FCC requirements for the safeguarding of CPNI, including use of passwords and authentication methods, and the prevention of access to CPNI (and Call Detail Information in particular) by data brokers or "pre-texters."
- 11. The Company has established a non-disclosure agreement for all employees regarding any and all proprietary information gathered and enforces strict disciplinary actions for any and all violations.
- 12. The Company has established a strict Shred policy whereas all CPNI information is shredded and disposed of in accordance with Chapters 119 and 257, Florida Statutes; Chapters 18-24, 18-26 and Florida Administrative Code Policy No. 0P-F-3.
- 13. The Company, on an ongoing basis, reviews changes in law affecting CPNI, and updates and trains company personnel accordingly.

Explanation of Actions Against Data Brokers

14. The Company has not encountered any circumstances requiring it to take any action against a data broker during the year to which this Certificate pertains.

Summary of all Customer Complaints Received

- 15. The following is a summary of all customer complaints received in the past year concerning the unauthorized release of CPNI: None.
- 16. The Company does not at this point have any specific information on the processes pretexters are using to attempt to access its Customer's CPNI.

Original signed by Angela Lemke

Date: June 23rd, 2014

Angela Lemke, President / CEO PhoneAid Communications, Corp.

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TERMS AND CONDITIONS OF SERVICE

FCC Mail Room

Existing PhoneAid Communications Corp. tariffs which are officially on file with the various state public utilities commissions and the Federal Communication Commission ("FCC") supersede any terms related to the Services.

The following Terms and Conditions of Service as stated by PhoneAid Communications Corp. contain important information about your rights as a subscriber. By subscribing to service provided by PhoneAid, you are agreeing to the following Terms and Conditions of Service. PhoneAid Lifeline Service requires that you meet eligibility requirements in your state for Lifeline. Any changes or modifications to these PhoneAid Terms and Conditions of Service will be binding once posted on the PhoneAid website found at www.freephoneaid.com.

SURCHARGES AND TAXES:

PhoneAid subscribers are solely responsible for paying all charges including, but not limited to all applicable surcharges, fees, taxes, and regulatory charges. PhoneAid subscribers are responsible for all charges applicable to Customer. Changes to a surcharge, fee or tax will become effective as provided by the taxing authority and change to applicable contribution amounts for the Federal Universal Service Fund ("FUSF"). Other regulatory charges may become effective immediately.

LIMITATION OF LIABILITY: PhoneAid will not provide any connections to or the installation of phone jacks. PhoneAid will provide dial tone to the customer interface box (D-MARK or NID). PhoneAid is not responsible for problems that are determined to be inside wiring. New Service Requests can take up to 15 business days and the installation date is completely dependent on when AT&T can install the service. If AT&T determines the service address is invalid, the installation date will be delayed. PhoneAid is not responsible for crediting your account for any delays in activating service. If you are not sure if your service is active you are responsible for contacting us to verify if your service is active.

INDEMNITY: To the full extent allowed by law, you hereby release, indemnify, and hold PhoneAid and its officers, directors, employees and agents harmless from and against any and all claims of any person or entity for damages of any nature arising in any way from or relating to, directly or indirectly, service provided by PhoneAid or any person's use thereof (including, but not limited to, and personal injury), INCLUDING CLAIMS ARISING IN WHOLE OR IN PART FROM THE ALLEGED NEGLIGENCE OF PHONEAID. This obligation shall survive termination or expiration of your service with PhoneAid.

SERVICE RESTRICTIONS:

Toll Limitation Service (TLS) support allows eligible consumers to choose Toll Blocking or Toll Control services at no cost. Consumers who wish to avoid incurring large long distance charges can choose either Toll Blocking, which prevents callers from placing any long distance calls, or Toll Control, which limits long distance calls to a pre-set amount selected by the consumer. The service deposit for providing local telephone service is waived if a consumer voluntarily elects Toll Blocking.

PhoneAid Communications service blocks access to certain categories of numbers (e.g. 976, 900 and international destinations) at the sole discretion of PhoneAid .PhoneAid also reserves the right to change or modify any of these PhoneAid and Conditions of Service at any time and at PhoneAid's sole discretion. Your PhoneAid account is non-transferrable. Your lifeline subsidy is non transferable.

ACTIVATION FEE: Your PhoneAid Home Phone account requires an Activation Fee. PhoneAid offers connection fee promotions. Promotions are subject to change and are at the discretion of PhoneAid. Promotions can include up to 50% of your Activation fee may be paid by PhoneAid, however, you are solely liable for the remaining balance of any pending activation charges. Some promotions include deferred charges; however, you are solely liable for the remaining balance of any pending activation charges that were deferred. PhoneAid Communications Home Phone Activation Fees varies per state. PhoneAid has options available to defer the Activation Fee depending on your service agreement. If your PhoneAid service is ever disconnected for any reason, an Activation Fee and new phone number may be required to reactivate PhoneAid service.

PhoneAid subscribers acquire no proprietary interest in any telephone number assigned to their PhoneAid account. PhoneAid subscribers must accept the telephone number assigned to the PhoneAid account at the time of activation, which shall be assigned at the sole discretion of PhoneAid. PhoneAid rates and services are subject to change without notice in accordance to their active tariff for your service area.

PhoneAid may modify or cancel any service or take corrective action at any time without prior notice and for any reason, including but not limited to your violation of PhoneAid Terms and Conditions. PhoneAid customer service can be reached by dialing 1-877-895-4050.

CHARGES YOU ARE RESPONSIBLE FOR: The customer is responsible for paying all charges. Charges may include, without limitation: recurring monthly service, activation, service extension charges, applicable taxes, surcharges and governmental fees, whether assessed directly upon you or upon PhoneAid. Payment for all charges is made in advance. Additional charges may apply for detailed information about your usage of services.

ACCOUNT ACCESS: PhoneAid may provide information about and make changes to PhoneAid subscriber's accounts, including, but not limited to, suspending, deactivating, adding new service, changing service, providing information that my amount to Customer Proprietary Network Information ("CPNI") upon the direction of any person able to provide information PhoneAid deems sufficient to identify you as the PhoneAid subscriber.

Your caller identification information (such as your name and phone number) may be displayed on the equipment or bill of the person receiving your call; technical limitations may, in some circumstances, prevent you from blocking the transmission of caller identification information. You hereby consent to the use by PhoneAid or our authorized agents of regular mail, predictive or autodialing equipment, email, text messaging, facsimile or other reasonable means to contact you the PhoneAid subscriber to advise you about our services or other matters PhoneAid may believe to be of interest to you the PhoneAid subscriber. PhoneAid reserves the right to contact you the PhoneAid subscriber by any means regarding customer service related notifications, or other such information.

OVERVIEW OF THE LIFELINE PROGRAM: PhoneAid service offering is a part of a program that derives from the Universal Service Fund. The part of the program that PhoneAid offers to qualified subscribers is called the Lifeline program. Lifeline provides discounts that make telephone service (and wireless service) more affordable for more than 7 million Americans. The wire line and wireless companies that provide Lifeline are approved to participate in the low income program of the Universal Service Fund for the revenue they forgo by providing discounted service to eligible consumers.

Lifeline is essentially monthly support that lowers the cost of monthly local wire line or wireless telephone service. An eligible customer may receive the Lifeline discount on either a wire line or wireless connection, but the discount is available for only one telephone connection per economic household. Lifeline support is essentially a monthly support amount that varies between states, and eligible consumers can receive up to 9.25 per month in Federal Lifeline subsidies.

Approved applicants will receive a discount off their monthly service. A discount of up to \$9.25 is available for approved applicants residingin federal default state or territory (Delaware, Hawaii, Indiana, Louisiana, New Hampshire, North Dakota, South Dakota, American Samoa, and the Northern Mariana Islands). Discounts for applicants residing in other states or territories not previously mentioned, including tribal lands, vary state by state. PhoneAid Communications Corp. reserves the right to determine at its sole discretion whether or not an applicant meets the eligibility requirements to participate.

In order to qualify for, and participate in, the PhoneAid Lifeline service offering, a person must meet certain state and federal eligibility requirements that can be unique to the particular state where the subscriber resides and the Service is to be provided.

Eligible subscribers can qualify for the Lifeline program one of two ways; either through what is known as 1) Program Based Eligibility or 2) Income Based Eligibility.

DESCRIPTION OF ANNUAL RECERTIFICATION/VERIFICATION: PhoneAid Communications Corp. reserves the right to determine at its sole discretion whether or not an applicant meets the eligibility requirements to participate.

As of the new Lifeline Reform all PhoneAid Lifeline subscribers will be required to re-certify on an annual basis to remain eligible to receive benefits under the PhoneAid program. Each PhoneAid Lifeline subscriber is required to re-certify for the Lifeline program pursuant to the appropriate federal and/or state rules associated with verification of Lifeline.

PhoneAid reserves the right to determine at its sole discretion if a PhoneAid subscriber meets the annual Recertification/Verification requirements and if the subscriber fails to re-qualify for PhoneAid Service the subscriber will be disqualified from receiving the Lifeline benefit but may remain as a PhoneAid customer. A PhoneAid customer's enrollment may be cancelled if so requested by a state and/or federal authority. PhoneAid reserves the right to cancel the enrollment of any customer and suspend or deactivate any PhoneAid service for any fraud related reasons.

PRIVACY POLICY SCOPE:

PhoneAid respects the privacy of all of its subscribers. Privacy is a matter of trust and PhoneAid Communications Corp. will work to make sure subscribers' information is protected.

Information We Collect, How We Collect It, And How We Use It

We collect your information through various avenues including information you provide us during transactions, customer service, surveys, online registration for service, and contact information you provide us. We may collect your information so that we may better provide you our service. We may use the information collected to:

Provide you with the best customer experience possible;

Respond to your questions;

Communicate with you regarding service updates, offers, and promotions;

Address network integrity and security issues;

Investigate, prevent or take action regarding illegal activities, violations of our Terms of Service or Acceptable Use Policies; and

For local directory and directory assistance purposes.

How we use/share your Information

Subject to applicable legal restrictions, PhoneAid Communications may share your Personal Information to make sure we provide you with the best service possible. We share your Personal Information only with non-Phone Aid companies that perform services on our behalf (ex. Billing), and only as necessary for them to perform those services.

We do not provide Personal Information to non-Phone Aid companies for the marketing of their own products and services without your consent. We may provide Personal Information to non-Phone Aid companies or other third parties for purposes such as:

Responding to 911 calls and other emergencies;

Complying with court orders and other legal process;

To assist with identity verification, and to prevent fraud and identity theft